

The Commonwealth of Massachusetts
Executive Office of Health and Human Services
Department of Public Health
250 Washington Street, Boston, MA 02108-4619

MITT ROMNEY GOVERNOR KERRY HEALEY LIEUTENANT GOVERNOR

RONALD PRESTON SECRETARY

PAUL J. COTE, JR. COMMISSIONER

To: School Nurses, School Physicians, Primary Care Providers and Other

**Interested Parties** 

From: Massachusetts Department of Public Health

SUBJ: Massachusetts Vision Screening Protocols

DATE: September 30, 2005

#### **MEMORANDUM**

The Massachusetts Department of Public Health is pleased to provide the attached vision screening protocols, preschool through grade 12, for school districts throughout the Commonwealth. The Department, working in partnership with expert representatives from the ophthalmology and optometry professions, has established these standardized vision screening protocols to update the current school screening practice. The protocols described below represent evidence-based methodology and current best practice in the field of vision screening. They are intended to facilitate the identification of children with common vision problems as early as possible, when treatment is most effective, thus supporting educational achievement.

We acknowledge there may be issues, such as the timing of the screening within your district and/or training of personnel, both of which may play a significant role in the implementation of these new protocols. We remain confident in the knowledge that all school districts are committed to conducting this important population based screening program in the best manner possible.

**Training in the New Protocols:** During FY 05, trainings in the preschool screening protocols were offered to primary care providers, their office staff, and school nurses through the UMASS School Health Institute.

Throughout FY 06, the Department, through its Northeastern University School Health Institute (<a href="http://www.ace.neu.edu/shi/">http://www.ace.neu.edu/shi/</a>), will continue to provide additional continuing

education courses for primary care providers, their office staff, and school nurses on the preschool through grade 12 protocols.

Changes to the current school age protocol were designed so that a school nurse previously trained in vision screening will be able to perform the revised protocols after a careful review and some minor adjustments. To assist the school nurses, the Department intends to place the Massachusetts Vision Screening Protocol for schools in a separate PowerPoint Presentation on the school health website, when it becomes available. This will supplement the preschool screening PowerPoint Presentation currently on the website (<a href="http://www.mass.gov/dph/fch/schoolhealth/screening.htm">http://www.mass.gov/dph/fch/schoolhealth/screening.htm</a>).

### PRESCHOOL VISION SCREENING PROTOCOLS

In 2004, the Massachusetts Legislature enacted Chapter 181 of the Acts of 2004 "An Act Relative To Eye Examinations For Children" which amended Massachusetts General Law, Chapter 71, and Section 57. An important requirement of the amendment is that "Upon entering kindergarten or within 30 days of the start of the school year, the parent or guardian of each child shall present to school health personnel certification that the child within the previous 12 months has passed a vision screening conducted by personnel approved by the department of public health and trained in vision screening techniques to be developed by the department of public health in consultation with the department of education...For children who fail to pass the vision screening and for children diagnosed with neurodevelopmental delay, proof of a comprehensive eye examination performed by a licensed optometrist or ophthalmologist chosen by the child's parent or guardian indicating any pertinent diagnosis, treatment, prognosis, recommendation and evidence of follow-up treatment, if necessary, shall be provided."

This applies to every child in the Commonwealth regardless of where the student is enrolled. Implementation is occurring across the Commonwealth in the offices of primary care providers and many school districts, effective this September.

### **KINDERGARTEN SCREENING PROTOCOLS**

Those individuals familiar with the recent preschool age initiative will be happy to know that the protocols are the same when screening any child in kindergarten:

- Screening of children entering kindergarten who do not present a vision screening certificate: Schools should screen any kindergarten child who does not present to school health personnel certification that they, within the previous 12 months, have passed a vision screening. It is strongly advised that no child of preschool or kindergarten age go longer that 12 months without a vision screening.
- Linear Distance Visual Acuity Critical Line Standard: One major change to the kindergarten protocol is the Critical Line used for testing. The Critical Line standard is now the 20/30 line for any child from 48 months and older through Grade 12 (Pretest Bionocularly/Test Performed Monocularly).

- Ocular Alignment and Stereopsis Assessment: The revised protocol also includes an Ocular Alignment and Stereopsis assessment using the Random Dot E for children in kindergarten. This test is done binocularly with polarized glasses on.
- Use of Machines: The Department is not recommending the use of machines when screening preschool and kindergarten age children.

## **GRADES 1 THROUGH 12**

Those individuals familiar with the current school vision screening protocol will notice changes that should improve the specificity/validity of the screening while reducing the time it takes to screen an individual child:

- Linear Distance Visual Acuity Critical Line Standard: All children, grades 1 through 12, must be tested for linear distance visual acuity. The Critical Line of 20/30 is now the standard threshold to be used for screening all children from age 48 months and older through Grade 12 (*Performed Monocularly*).
- **Linear Near Visual Acuity Critical Line Standard:** All children, grades 1 through 12, must be tested for near visual acuity. The Critical Line of 20/30 is the standard threshold to be used for screening (*Performed Binocularly*).

Please note: Those using a machine for testing linear distance and linear near visual acuity in Grades 1 through 12 should not use the PLUS LenseTest.

• Ocular Alignment and Stereopsis Assessment: The revised protocol also includes an Ocular Alignment and Stereopsis assessment using the Random Dot E for children in Grades 1 through 3. This test is done binocularly using polarized glasses.

Ocular Alignment and Stereopsis assessment generally should not be part of the routine vision screening protocol for children in Grades 4 through 12. However, the Department strongly advises that any child, whose residence was previously outside the Commonwealth prior to enrollment, should be screened using this protocol. It is also recommended that a child, who has transferred into your school district and cannot present past evidence of having completed this part of the screening, be screened in the same manner. The Department expects that over time, as this part of the protocol is implemented in Grades 1 through 3 throughout the Commonwealth, the number of children requiring this screening will be reduced.

Please note: Machine testing for Ocular Alignment and Stereopsis Assessment is not recommended.

This school year is a transition year to implement the above K through 12 requirements. The Department expects that these protocol changes will be implemented by September, 2006 at the latest. The Department believes that these changes represent a significant reduction in the time it takes to screen an individual child.

# Waivers under M.G.L. c71, s57 "Physical Examination of School Children" and 105 CMR 200.000 relating to vision screening requirements

This statute and its regulations define the requirements for mandated screening of all of the Commonwealth's school age children attending a public school. They do permit the Department to grant a waiver of certain screenings under certain conditions. In order to be considered for waiver approval, the following conditions must be met:

- An alternative plan designed to be more effective in protecting and promoting the health of school-aged children in your system must be developed. *This plan must not reflect a reduction in the school health budget or staff.*
- A written proposal of one or more of the fifteen plans listed on page 4 under WAIVER PROGRAM ACTIVITIES in the form must be included.

For more information on the waiver program please visit our website located at (http://www.mass.gov/dph/fch/schoolhealth/lawsregs.htm).

If a school district is approved for a waiver by the Department, vision screening will still be mandatory (i.e., non-waivable) for preschool through grade 5 and in one middle school grade (6 through 8), and one high school grade (9 through 12). Although this represents a reduction from the statute requirement to screen every child every year, the conditions described above must be met before approval is granted. All approvals will be for a one-year period and must be renewed every year. It is the responsibility of the school district to initiate and complete the process.

Those school districts without waivers are still expected to screen every child in every grade in accordance with the statute and as described above.

### **Final Note**

The Massachusetts Department of Public Health will, on the recommendation of the ophthalmology and optometry professionals, update the protocols on its website, as new research becomes available. School districts wishing to obtain any vision screening supplies may visit the Department's website link entitled "Obtaining Preschool Vision Screening Supplies" which is a listing of vendors at: (http://www.mass.gov/dph/fch/schoolhealth/screening.htm)

We would like to thank the Massachusetts Legislature, the Massachusetts School Nurse Organization, the Massachusetts Medical Society, American Academy of Pediatrics, Massachusetts Chapter of the American Academy of Pediatrics, Massachusetts Chapter of Prevent Blindness, Massachusetts Society of Eye Physicians and Surgeons, New England College of Optometry, Boston University and the many other organizations and individuals, too numerous to mention, for their support of pre-school and school-age vision screening in the Commonwealth.

# Massachusetts Vision Screening Protocol Preschool and Kindergarten:

**Evaluate Linear Distance Visual Acuity and Stereopsis** 

Function to be Evaluated	Specific Test	Recommended Testing Procedure	Passing Criterion
1) LINEAR DISTANCE VISUAL ACUITY	MassVAT (Massachusetts Visual Acuity Test) flip cards with HOTV letters or Lea symbols or Wall Chart HOTV or Lea symbols wall chart	Test distance: 10 feet  Pretest: (Performed Binocularly) Test child's ability to perform the test by having child identify or match all 4 letters or symbols when presented up close.  Test procedure:(Performed Monocularly) Test child's ability to identify or match optotypes on the critical line.  CRITICAL LINE: 20/40 at 36 to 47 months 20/30 at 48 months and older	Child must identify or match 4 out of 5 letters or symbols on the critical line with each eye tested <i>monocularly</i> , being careful to watch for peeking.
2) OCULAR ALIGNMENT and STEREOPSIS	Random Dot E	Test distance: 4 feet  All testing, including pretesting, should be done binocularly with the polarized glasses on.  Pretest: Test child's ability to perform the test by having the child identify the location of the 3-dimensional E correctly on 4 out of 5 presentations.  Test procedure: Test child's ability to identify the location of the stereo E. Five presentations should be used, varying the location in a random manner.	Child must locate stereo E on 4 out of 5 presentations.  Done binocularly with the polarized glasses on.

## **Massachusetts Vision Screening Protocol**

Grades 1 through 3: Evaluate Linear Distance/Near Visual Acuity and Stereopsis Grades 4 through 12: Evaluate Linear Distance/Near Visual Acuity

Function to be Evaluated	Specific Test	Recommended Testing Procedure	Passing Criterion
1) LINEAR DISTANCE VISUAL ACUITY	GRADES 1-3: line letters, HOTV, or tumbling E's  GRADES 4-12: line letters. Numbers, tumbling E's or HOTV may be used if child is unsure of letters	Grades 1-12: Wall chart placed at distance (10 or 20 feet) or testing machine with distance slide  Test procedure: All acuity tests are performed monocularly. Test child's ability to identify optotypes on the critical line.  CRITICAL LINE: 20/30 Monocular visual acuity	Child must identify 80% of the letters or symbols on the critical line with each eye tested monocularly, being careful to watch for peeking. Letters or symbols must not be presented one at a time.
2) LINEAR NEAR VISUAL ACUITY	GRADES 1-12: line letters, HOTV, tumbling E's, or numbers	Near card at 14 inches or testing machine with near slide. This test is done with both eyes open.  CRITICAL LINE: 20/30 Binocular visual acuity	Child must correctly identify 80% of the letters/symbols on the critical line of the near card or the near slide in the testing machine.
3) OCULAR ALIGNMENT and STEREOPSIS	GRADES 1-3: Random Dot E	Test distance: 4 feet  All testing, including pre-testing, should be done binocularly with the polarized glasses on.  Pretest: Test child's ability to perform the test by having the child identify the location of the 3-dimensional E correctly on 4 out of 5 presentations  Test procedure: Test child's ability to identify the location of the stereo E. Five presentations should be used, varying the location in a random manner.	Grades 1-3: Child must locate stereo E on 4 out of 5 presentations  Grades 4-12: Binocular balance testing does not need to be done